



HEAL BONDING APPLICATION PACKAGE

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Application Package

1. Name of Project: _____

2. Project Address:

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(a) Municipal Address (Please use the actual physical address (number and street) for facility. Do *not* use a post office box or a PROPOSED Municipal Address from the City Planning Office);

3. Type of Project (acquire, acquisition, construction, reconstruction, improvement and/or development, other, etc...):

4. Physical description:

(b) on a _____ acre site, on the _____ (north, east, south, west, northwest, etc.), side of (Street, Drive, Boulevard, Avenue, U.S. Highway, etc.) of the intersection of

_____ (Street, Drive, Boulevard, Avenue, U.S. Highway, etc.) and _____

_____ (Street, Drive, Boulevard, Avenue, U.S. Highway, etc.), in the *City of _____,

Parish of _____, Louisiana.

5. Not to Exceed Amount of Bond Issue: \$ _____

6. Description of Project:

The Project involves the financing of the acquisition [constructing and/or renovating, (choose one or both)] and equipping of a:

7. Employment Impact Information:

Number of Construction Jobs: _____

Number of Permanent Jobs to be created: _____

Annual Payroll of New Permanent Jobs: \$ _____

Number of Present Jobs Retained or Transferred: _____

Annual Payroll of Jobs Retained or Transferred: \$ _____

8. Name of Project Owner(s):

Name of Corporation: _____

Name of Partnership: _____

Name(s) of Individuals: _____

If Corporation, is it: ☐ Non-Profit ☐ Closely Held
 ☐ Public ☐ Other

(Please check one)

Address of Registered Office (Physical address only, post office box no acceptable):

State Organization: _____

9. Project Principals:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

10. General Contact Person for this Project:

Name: _____

Address: _____

Telephone _____

Number: Fax _____

Number: Email: _____

11. Public Relations Contact for this Project:

Name: _____

Address: _____

Telephone _____

Number: Fax _____

Number: _____

Email: _____

12. Project Owner's Attorney:

Name: _____

Name of Firm: _____

Address: _____

Telephone _____

Number: Fax _____

Number: _____

Email: _____

13. Primary Guarantor: _____

Entity Name: _____

Funding Source: _____

Address: _____

Telephone _____

Number: Fax _____

Number: Email: _____

14. Secondary Guarantor, if any: _____

Entity Name: _____

Funding Source: _____

Address: _____

Telephone _____

Number: Fax _____

Number: Email: _____

15. How does this project benefit the medical community? _____

a. **Health Significance:** _____

b. **Health/Education Significance:** _____

16. Recommendation for HEAL Bonding Authority :

Name: _____

Telephone _____

Number: Email: _____

17. How did you hear about HEAL? _____

18. Signature of Project Owner's Representative:

Project Owner (**please print legal name**) _____,

Signature: _____

Name: _____

Title: _____

HEAL APPLICATION - ATTACHMENT A

PROPOSED LAND ACQUISITION AND CONSTRUCTION BUDGET

Land Costs:

(If to be financed with HEAL Bond Proceeds)

This cost may not exceed 25% of Bond Proceeds

\$ _____

Building Costs:

1. Site Preparation \$ _____

2. Concrete Work \$ _____

3. Framing \$ _____

4. Electrical \$ _____

5. Plumbing \$ _____

6. Heating & Air Conditioning Roofing \$ _____

7. Depreciable Equipment & Fixtures \$ _____

8. Other (specify) \$ _____

9. _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

\$ _____

TOTAL

\$ _____



HEAL APPLICATION - ATTACHMENT B

ADDITIONAL PROPOSED PROJECT DOCUMENTS